



State of Rhode Island and Providence Plantations

DEPARTMENT OF ATTORNEY GENERAL

150 South Main Street • Providence, RI 02903

(401) 274-4400

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*Patrick C. Lynch, Attorney General*

**CHARITABLE TRUST TERMINATION STATEMENT**

(R.I. GEN. LAWS § 18-9-16)

1. Trust Name: \_\_\_\_\_

(a) Federal Identification #: \_\_\_\_\_

(b) Attorney General #: \_\_\_\_\_

2. The Trust Purpose is: \_\_\_\_\_  
\_\_\_\_\_

3. The Most Recent Fair Market Value for the Trust Corpus is: \$\_\_\_\_\_ as  
of \_\_\_\_\_.  
*Date*

**\* Attach Copy of Most Recent Financial Statement**

4. This Charitable Trust is being Terminated under: *(use additional sheets if necessary)*

(a) The Will of \_\_\_\_\_ Of \_\_\_\_\_  
*Name Last residence*

(b) The Indenture of \_\_\_\_\_ Of \_\_\_\_\_  
*Name*  
\_\_\_\_\_  
*City or town*

and/or (c) Other Trust/Terminating Instrument *(e.g. articles of incorporation, by-laws, etc.)*

\_\_\_\_\_  
*Name of Instrument*

5. Trustee(s): *(use additional sheets if necessary)*

1. \_\_\_\_\_  
*Name Street City State Zip Tel.*

2. \_\_\_\_\_

6. Present Beneficiaries: *(use additional sheets if necessary)*

1. \_\_\_\_\_  
Name Street City State Zip Tel.

2. \_\_\_\_\_

7. R.I.G.L. Section 18-9-16 authorizes \_\_\_\_\_ as trustee(s) to terminate the trust, with the consent of the Attorney General, and to distribute the assets thereof to \_\_\_\_\_ as beneficiary/beneficiaries as its value is less than One Hundred Thousand Dollars (\$100,000).

\_\_\_\_\_  
Signature of Trustee(s) (use additional sheets if necessary) Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Trustee(s) (use additional sheets if necessary) Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Beneficiary/ Beneficiaries (use additional sheets if necessary) Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Beneficiary/ Beneficiaries (use additional sheets if necessary) Date: \_\_\_\_\_

8. Beneficiary Purpose:

(a) State The Purpose(s) to which Trust Estate will be Used: (use additional sheets if necessary) \_\_\_\_\_

(b) Is this Purpose(s) Consistent with Purpose of Governing Trust/Terminating Instrument: \_\_\_\_ Yes \_\_\_\_ No

\* If No, Please Explain: (use additional sheets if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Trust/Terminating Instrument(s):

(a) Attach a Copy of Original Trust Instrument (e.g. will, indenture, articles of incorporation, by-laws, etc.)

(b) Attach a Copy of Terminating Instrument, if Different from Trust Instrument.

**CONSENT**

Patrick C. Lynch, as Attorney General of the State of Rhode Island pursuant to Rhode Island General Laws § 18-9-16, does hereby consent to the termination of said (Charitable Trust Name) and the delivery of all assets thereunder to (Beneficiary).

PATRICK C. LYNCH  
ATTORNEY GENERAL

By Its Attorney,

\_\_\_\_\_  
Sean M. Fontes  
Special Assistant Attorney General  
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Date: \_\_\_\_\_